

OSCAR REPORT 3
HISTORY FACILITY PROFILE

BENNION CARE CENTER
6246 SOUTH REDWOOD ROAD
SALT LAKE CITY UT 84123
STATE'S REGION CODE: 001

PROVIDER #: 465066 FACILITY BEDS
PHONE NUMBER: (801) 969-1420 TOTAL: 104
PARTICIPATION DATE: 07/18/1977 CERTIFIED: 104 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 03/30/2005

TOTAL: 93
MEDICARE: 13
MEDICAID: 58
OTHER: 22

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED: 18
SUSPENSION RESCINDED: --

TOTAL CERTIFIED BEDS: 104

18 18/19 19 ICF/MR
-- ---- --
104

CURRENT SURVEY REVISIT DATES - 05/16/2005

PRIOR 3 SURVEY 04/2002	S/S CODE	PRIOR 2 SURVEY 03/2003	S/S CODE	PRIOR 1 SURVEY 03/2004	S/S CODE	CURRENT SURVEY 03/30/2005	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E					X P X C	B D	05/06/2005 05/06/2005	REQ F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ REQ F0241-DIGNITY REQ F0272-COMPREHENSIVE ASSESSMENTS REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY REQ F0494-NURSE AIDE TRAINING/COMPETENCY REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
		X	D						
X	D								
		X	E						
		X	B						
		X	C						
		X	B						
X	D			X	D				
				X	E				
		X	G						
		X	G						
X	D								
X	E								
X	E								
X	E								
X	E								
X	E	X	E						

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 2000 EXIS2000 EXIS

PRIOR 3 SURVEY 04/2002	PRIOR 2 SURVEY 03/2003	PRIOR 1 SURVEY 03/2004	CURRENT SURVEY 03/31/2005	PLAN/DATE OF CORRECTION
			X C	04/01/2005
X	X	X	X P	05/20/2005
X			X F	
	X	X	X C	04/11/2005
		X	X F	
	X			
	X			
X			X C	04/14/2005

LSC DEFICIENCIES - BLDG NO. 01

K0012-CONSTRUCTION TYPE
K0018-CORRIDOR DOORS
K0025-SMOKE PARTITION CONSTRUCTION
K0027-DOORS IN SMOKE PARTITIONS
K0046-EMERGENCY LIGHTING
K0056-AUTOMATIC SPRINKLER SYSTEM
K0060-SPRINKLER ALARM SYSTEM
K0062-SPRINKLER SYSTEM MAINTENANCE
K0076-MEDICAL GAS SYSTEM
K0130-OTHER
K0147-EMERGENCY PLAN

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	2	2	8	9
HEALTH TOTAL	2	2	8	9
LIFE SAFETY CODE	6	5	4	3
LIFE SAFETY CODE + HEALTH	8	7	12	12

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
05/27/2004	SUBSTANTIATED
03/30/2005	SUBSTANTIATED
08/01/2005	UNSUBSTANTIATED
08/17/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY